

S. No. 30616 SEP 20 1952

IV. 10.48

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 32324

BIRTH NO.		REG. DIST. NO. 217		PRIMARY REG. DIST. NO. 3045		Registrar's No. 60	
1. PLACE OF DEATH a. COUNTY Mississippi				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Mississippi			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston		c. LENGTH OF STAY (In this place) 16 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston		1672	
d. FULL NAME OF HOSPITAL OR INSTITUTION 619 S. Locust St.				d. STREET ADDRESS (If rural, give location) 619 S. Locust St.			
3. NAME OF DECEASED (Type or Print) Frances		a. (First)		b. (Middle) (Archie)		c. (Last) Archer	
4. DATE OF DEATH (Month) (Day) (Year) Sept. 3, 1952		5. SEX Female 3		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 28, 1912		9. AGE (In years last birthday) 39		10. MONTHS 8		11. YEARS 6	
12. CITIZEN OF WHAT COUNTRY? USA		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Brinkley, Arkansas	
13a. FATHER'S NAME Harrison Stewart		13b. MOTHER'S MAIDEN NAME Corine Harris		14. NAME OF HUSBAND OR WIFE Faro Archer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Farro Archer, 619 S. Locust, Charleston, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. DATE OF OPERATION	
MEDICAL CERTIFICATION		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 2-3 M.H.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ANTECEDENT CAUSES		DUE TO (b) Cardiac De-compensation with generalized edema		18 Mo			
DUE TO (c) Hypertension - At least		18 Mo					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:00 A m., from the causes and on the date stated above.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		23a. SIGNATURE M.D. (Degree or title) 23b. ADDRESS Charleston, Mo. 23c. DATE SIGNED 9-6-52.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 9, 1952		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Charleston, Missouri	
DATE REC'D BY LOCAL REG. 9/9/52		REGISTRAR'S SIGNATURE Mrs. Ann Lites 473-		25. FUNERAL DIRECTOR'S SIGNATURE F. J. Sparks		ADDRESS Charleston, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 17 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed SEP 19 1952

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Frank Sparks

Signed.....

Student Embalmer

Licensed Embalmer No. 3455

P. O. Address. Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.